

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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40	1					
41	1					
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44						
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	20					
TOTAL CLAIMS	23					

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
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